



## COMPLIANCE RETURN FORM

### TELECOMMUNICATIONS CONTRACTOR

PURSUANT TO THE PROVISIONS OF THE KICA 1998, THE REGULATIONS AND THE TELECOMMUNICATIONS CONTRACTOR LICENSE CONDITIONS

*Please note that the latest version of this form must be downloaded from the Authority's website at the end of each year in order to capture any official amendments*

#### **Instructions**

- a) Where Nil returns are provided an explanation **MUST** be provided under the Comments/Suggestions section of this form.
- b) The returns will only be accepted if the form is the most up to date as posted on the CA website. Always download the forms for every submission since reviews are made often to ensure responsiveness.
- c) A compliance certificate will not be issued if the compliance returns are submitted late or rejected by the Authority.

#### **1. GENERAL INFORMATION**

##### **1.1 Licence Details**

Name of Licensee: \_\_\_\_\_

License No: \_\_\_\_\_

Other Licenses held: \_\_\_\_\_

##### **1.2 Period under review**

**FINANCIAL YEAR** \_\_\_\_\_ (based on Government of Kenya Financial year e.g. 2020/2021)

##### **1.3 Address**

###### **1. Physical Address:**

Town \_\_\_\_\_ Street/Road \_\_\_\_\_

Floor No. \_\_\_\_\_ Room No. \_\_\_\_\_

Name of Building \_\_\_\_\_

###### **2. Postal Address:**

P. O. Box \_\_\_\_\_ Postal Code \_\_\_\_\_

Post Office Town \_\_\_\_\_

###### **3. Contact Person and Telephone Number:**

Name: \_\_\_\_\_

Tel. No. \_\_\_\_\_

Mobile No. \_\_\_\_\_ Other Tel. Nos. \_\_\_\_\_

**4. Email and Web Address:**

Email address:

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Web Address:

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Did any of the address information change during the year? (Tick as appropriate)    Yes     No

*(If Yes attach letter documenting the changes in address information)*

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2. DETAILS OF INSTALLATIONS

No	Type of equipment (e.g. VSAT, PABX, Data equipment, Internal and External Cabling, Radio, LAN etc	Make, Model & Capacity	Client name and Postal address	Town/City	Client's Physical Address (Street Name/Number, Building, Floor, Room etc)	Date of Commenceme nt of Work Notice	Date of Completion Of Work Notice	Technical personnel supervising the project
1.								
2.								
3.								
4.								
5.								

**3 COMPLIANCE TO PROVISION OF SERVICE AND FACILITIES TO PERSONS LIVING WITH DISABILITY IN LINE WITH KS2952 STANDARD.**

a) Please indicate your awareness and compliance to the KS2952 (May 2022) standard on ICT Accessibility for PWDs

- i. Aware of the standard - **Yes/No**
- ii. Complied with the standard **Yes/No.**

**(if Yes, please attach the standard matrix as guided therein)**

b) Please specify the actions taken in your organization to ensure accessibility to your services and facilities by PWDs;

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c) Please indicate the challenges or limitations you face in serving Persons Living with Disability

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d) What are your future plans to enhance ICT inclusivity and accessibility for PWDs?

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3. **COMMENTS/ SUGGESTIONS**

Please indicate challenges and suggestions to improve the regulatory environment.

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Signed.....  
 Name.....  
 Title.....  
 Date .....

Stamp here

Company Stamp above

**THANK YOU FOR COMPLETING THE FORM**

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**FOR OFFICIAL USE ONLY – DO NOT FILL BELOW THIS LINE**

These returns have been :)

	Checked By:	Verified by:	Approved <input type="checkbox"/> Rejected <input type="checkbox"/> (Tick as appropriate)
<b>Name</b>			
<b>Title</b>			
<b>Signature</b>			
<b>Date</b>			